



PURCHASE ORDER

PO Number: 303-2-0051

Requisition Number: 303-2-00173

Order Date: 8/30/2021

Released

**DUE TO COVID-19 AND TFC'S COMMITMENT TO TIMELY PAYMENT,
PLEASE SUBMIT INVOICE ELECTRONICALLY TO:**

accountspayable@tfc.state.tx.us

IF INVOICE IS MAILED, DELAYS MAY OCCUR.

TEXAS FACILITIES COMMISSION
FISCAL MANAGEMENT / ACCOUNTS PAYABLE
P.O. BOX 13047 Austin, Texas 78711-3047

Delivery Location

DSHS Tower
1100 W. 49th Street
Attn: Robert Sandberg
Austin, TX 78756

Show numbers on all papers and packages

Referenced Source or Vendor

35375375371
DEPARTMENT OF STATE HEALTH SERVICES
PO BOX 149347
Asbestos Notification Program
AUSTIN, TX 787149347
Cash Receipts Branch, MC 2003
Phone:5128346770 ext. 2764, Fax:

DSHS Asbestos Abatement/Demolition Notification Fee Invoice.

Price Per Attached Invoices #2021001261 and #2021003926 Dated 08/02/2021.

TFC Contact:
Description Robert Sandberg
512-463-8198

Sec. 771.003. AUTHORITY TO CONTRACT; EXCEPTIONS. (a) A state agency may agree or contract with another state agency for the provision of necessary and authorized services and resources. Exempt Purchase TGC 771 Interagency Agreement.

Line Items

Description	Qty	Unit	Unit Price	Start Date	End Date	Total
This invoices is for payment of an Asbestos Abatement/Demolition Notification submitted to the Department for the facility listed below. Facility: DSHS Tower Building. Description: 2,3,4,5 & 7th floors Location: 1100 West 49th St, Austin TX 78756 Notification #: 2021001261	1	Each	\$1,484.00	8/17/2021	10/2/2021	\$1,484.00

ARU: 48
Amount Due: \$1577.00
Date Due: 10/02/2021

NIGP Class: 963
NIGP Item: 39
Object Class: 878
Reimbursement Type: Not Reimbursable
Notes: ***Charge to Org Code 5530.***

This invoice is for payment of an Asbestos Abatement/Demolition Notification submitted to the Department for the facility listed below.

Facility: DPS
Description: Building A Warehouse and adjacent offices
Location: 5801 North Lamar, Austin, TX 78752
Notification #: 2021003926
ARU: 3
Amount Due: \$93.00
Date Due: 10/02/2021

1	Each	\$93.00	8/17/2021	10/2/2021	\$93.00
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NIGP Class: 963
NIGP Item: 89
Object Class: 878
Reimbursement Type: Not Reimbursable
Notes: ***Note to Fiscal: Charge to Org Code 2513 as per attached email.***

Grand Total \$1,577.00

Questions or concerns regarding this transaction or service should be directed to: Texas Facilities Commission Procurement Division, Phone: (512)463-0209 or FAX: (512)236-6164 (The mailing address for the Texas Facilities Commission is at the top of this purchase order.)

Agency	TFC
Fiscal Year	2022
Division	Facilities Design and Construction
Program	Facilities Design and Construction
Phone	5124638198
Org Code	5530 - TFC 16-17DM DSHS 5 Building Project
Type of Purchase/PCC Code	' ' Exempt with Specific Legal Cite
Work Order Number	n/a

ALL TERMS AND CONDITIONS SET FORTH IN OUR BID INVITATION BECOME A PART OF THIS ORDER. VENDOR GUARANTEES MERCHANDISE WILL MEET OR EXCEED SPECIFICATIONS IN THE BID INVITATION.

Invoicing Standards

To facilitate payments from Texas Facilities Commission please follow the invoicing standards set forth below.

The invoice should include, but is not limited to including:

- (1) the vendor's mailing and e-mail (if applicable) address;
- (2) the vendor's telephone number;
- (3) the name and telephone number of a person designated by the vendor to answer questions regarding the invoice;
- (4) the state agency requisition number;
- (5) the state agency's name, agency number, and delivery address;
- (6) the commission's purchase order number, if applicable;
- (7) the contract number or other reference number if applicable;

- (8) a valid Texas Identification Number (TIN) issued by the Comptroller of Public Accounts;
- (9) a description of the goods or services, in sufficient detail to identify the order which relates to the invoice;
- (10) unit numbers corresponding to the original order; and
- (11) other relevant information supporting and explaining the payment requested or identifying a successor organization to an original vendor, if necessary.

FOB DESTINATION CASH DISCOUNT: 0% 0 DAYS.

TEXAS FACILITIES COMMISSION INTERNAL PURCHASING

PURCHASER: _____

Jordan, Michelle - CTCD,

(IN ACCORDANCE WITH YOUR BID, SUPPLIES MUST BE PLACED IN THE AGENCY RECEIVING ROOM IN DAYS FROM RECEIPT OF ORDER.)

STATE AND CITY SALES TAX EXEMPTION CERTIFICATE: The undersigned claims an exemption from taxes under Tex. Tax Code § 151.309 (1993), for purchase of tangible property described in this purchase order, purchased from contractor and/or shipper listed above, as this property is being secured for the exclusive use of the State of Texas.

[\(Show Terms And Conditions...\)](#)